Rev. 4/28/20

**To Be Completed By Requesting Department:**

|  |  |  |  |
| --- | --- | --- | --- |
| Initiator Name: |       | Department Name: |       |
| Exception Requested for Employee Name:  |       | Position Title: |       |
| Sched. Hours:  |       | Sched. Weeks (hourly): |       | Sched. Months (salaried): |       | Full-time: |       | Part-time: |       |
| Employee should be an Exception to the Mandatory Leave Draw Down because… |
|       |

**Approval for Department Requesting Draw Down (electronic entry):**

|  |  |  |
| --- | --- | --- |
|             |  |  |
| Department Head Approval Date |  |  |
|  |  |  |

|  |
| --- |
| FOR HR USE ONLYLEAVE ACCRUALS AS OF(enter date here):        |
| Personal (hrly):       | P’fect Attend (hrly):       | Float Hldy:       | Time Due:       |
| Current Vacation:       | FY21 Vacation (include projected):       | Total Exp 6/30/20:       | Total All Leave:       |

**VP Approval:**

Request for Exemption Approved: [ ]  Yes or [ ]  No

If different than original request, specify information here:

Employee will be required to draw down       accrued leave days [ ]  per week or [ ]  per month, or other

|  |  |
| --- | --- |
|       |  VP Comments:       |
| **Vice President Approval** |  |
|  |       |  |
|  | **Date** |  |  |  |

**CHRO Acknowledgement:**

|  |  |
| --- | --- |
|       |  CHRO Comments:       |
| **CHRO Approval** |  |
|       |  |
| **Date** |  |

|  |
| --- |
| FOR HR USE ONLY |
| Approved Exception |       accrued leave days from and to | [ ]  per wk. or [ ]  per mo.other        | [ ]  Kronos Reviewed      Date and/or Comments |